MARKESAN RESIDENT HOME

1130 NORTH MARGARET, BOX 130

MARKESAN 53946 Phone: (920) 398-2751 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 72 Title 18 (Medicare) Certified? Yes

Total Licensed Bed Capacity (12/31/02): 72 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 69 Average Daily Census: 64

Services Provided to Non-Residents	Age, Sex, and Primary Diagr	Length of Stay (12/31/02) %					
Home Health Care	No	Primary Diagnosis	%	 Age Groups		 Less Than 1 Year	42.0
Supp. Home Care-Personal Care	No					1 - 4 Years	49.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.8	More Than 4 Years	8.7
Day Services	No	Mental Illness (Org./Psy)	30.4	65 - 74	13.0		
Respite Care	Yes	Mental Illness (Other)	5.8	75 - 84	27.5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.1	Full-Time Equivale	nt
Congregate Meals	Yes	Cancer	5.8			Nursing Staff per 100 R	esidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	8.7	65 & Over	94.2		
Transportation	No	Cerebrovascular	11.6			RNs	8.7
Referral Service	Yes	Diabetes	4.3	Sex	양	LPNs	6.5
Other Services	Yes	Respiratory	4.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	29.0	Male	30.4	Aides, & Orderlies	40.5
Mentally Ill	No			Female	69.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	00	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	9	100.0	331	0	0.0	0	0	0.0	0	2	14.3	161	0	0.0	0	0	0.0	0	11	15.9
Skilled Care	0	0.0	0	44	95.7	115	0	0.0	0	9	64.3	151	0	0.0	0	0	0.0	0	53	76.8
Intermediate				2	4.3	96	0	0.0	0	3	21.4	151	0	0.0	0	0	0.0	0	5	7.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		46	100.0		0	0.0		14	100.0		0	0.0		0	0.0		69	100.0

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MARKESAN RESIDENT HOME

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	ଚ	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.9	Bathing	0.0		72.5	27.5	69
Other Nursing Homes	3.9	Dressing	0.0		89.9	10.1	69
Acute Care Hospitals	80.3	Transferring	8.7		78.3	13.0	69
Psych. HospMR/DD Facilities	0.0	Toilet Use	1.4		79.7	18.8	69
Rehabilitation Hospitals	0.0	Eating	26.1		71.0	2.9	69
Other Locations	6.6	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	*****	******
Total Number of Admissions	76	Continence		%	Special Treat	ments	90
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	14.5	Receiving R	espiratory Care	18.8
Private Home/No Home Health	20.5	Occ/Freq. Incontinen	t of Bladder	55.1	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	24.4	Occ/Freq. Incontinen	t of Bowel	44.9	Receiving S	uctioning	0.0
Other Nursing Homes	2.6				Receiving C	stomy Care	4.3
Acute Care Hospitals	16.7	Mobility			Receiving T	ube Feeding	1.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	7.2	Receiving M	echanically Altered Diets	49.3
Rehabilitation Hospitals	0.0						
Other Locations	12.8	Skin Care			Other Residen	t Characteristics	
Deaths	23.1	With Pressure Sores		11.6	Have Advanc	e Directives	73.9
Total Number of Discharges	1	With Rashes		8.7	Medications		
(Including Deaths)	78				Receiving P	sychoactive Drugs	63.8

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	_, ,		ership:		Size:		ensure:	- 1			
	This		profit		-99		lled	Al.			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	8	%	Ratio	%	Ratio	%	Ratio	96	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	88.9	86.5	1.03	83.5	1.06	83.3	1.07	85.1	1.04		
Current Residents from In-County	55.1	79.3	0.69	72.9	0.76	75.8	0.73	76.6	0.72		
Admissions from In-County, Still Residing	19.7	23.9	0.83	22.2	0.89	22.0	0.90	20.3	0.97		
Admissions/Average Daily Census	118.8	107.3	1.11	110.2	1.08	118.1	1.01	133.4	0.89		
Discharges/Average Daily Census	121.9	110.2	1.11	112.5	1.08	120.6	1.01	135.3	0.90		
Discharges To Private Residence/Average Daily Cens	sus 54.7	41.6	1.32	44.5	1.23	49.9	1.10	56.6	0.97		
Residents Receiving Skilled Care	92.8	93.2	1.00	93.5	0.99	93.5	0.99	86.3	1.08		
Residents Aged 65 and Older	94.2	95.7	0.98	93.5	1.01	93.8	1.00	87.7	1.07		
Title 19 (Medicaid) Funded Residents	66.7	69.2	0.96	67.1	0.99	70.5	0.94	67.5	0.99		
Private Pay Funded Residents	20.3	22.6	0.90	21.5	0.94	19.3	1.05	21.0	0.96		
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.7	0.00	7.1	0.00		
Mentally Ill Residents	36.2	35.9	1.01	39.0	0.93	37.7	0.96	33.3	1.09		
General Medical Service Residents	29.0	18.1	1.60	17.6	1.64	18.1	1.60	20.5	1.41		
Impaired ADL (Mean)	53.9	48.7	1.11	46.9	1.15	47.5	1.14	49.3	1.09		
Psychological Problems	63.8	52.0	1.23	54.6	1.17	52.9	1.20	54.0	1.18		
Nursing Care Required (Mean)	11.8	6.8	1.73	6.8	1.74	6.8	1.74	7.2	1.64		